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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

(X3) DATE SURVEY COMPLETED

R-C

11/19/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **RICH SQUARE MANOR**

## 400 N MAIN STREET RICH SQUARE, NC 27869

	RICH SQI	UARE, NC 27	7869	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments	{C 000}		
	This is a Report of a Complaint Follow-up performed by Greg Cates and Frank Strickland on November 19, 2015.			
	Some of the previously cited deficiencies have not been corrected therefore further action is required.			
{C 160}	Outside Premises-Clean, Safe	{C 160}		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;			
	This Rule is not met as evidenced by: I. Based on observation the exterior of the facility is not maintained in good repair. Exterior construction is damaged and in need of repair.			
	A. Finding on November 19, 2015:			
	2. Outside the Dining Area - A support post for the fence is failing causing the fence to lean over.			
{C 164}	Housekeeping and Furnishings-Clean, Repaired	{C 164}		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Division	of Health Service Re	egulation			Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED								
		HAL066011	B. WING		R- <b>11/1</b>	C <b>9/2015</b>							
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE									
RICH SQUARE MANOR 400 N MA		AIN STREET UARE, NC 27869											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE							
{C 164}	Continued From pa	ge 1	{C 164}										
		c unpleasant odors; clean and in good repair; apply to new and existing											
	maintained the facil	et as evidenced by: ation that facility has not lity furnishings in good repair arred and and damaged nings that require repair or											
	A. Findings on	November 19, 2015:											
	10. Dining Room - The serving table plastic laminate finish is delaminating from the serving table.												
	delaminating from the delaminating from the delamination from the	aminate finish is om the countertop. drawers are damaged. have missing pull											
		re Manager's Office e finish is detaching at e cabinet.											
	maintained the facil good repair and cle	ration that facility has not lity walls, ceilings and floors in an as evidenced by damages, ad floors that require pair or cleaning.											
	A. Findings on	November 19, 2015:											
	1. Conference I												

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		B. WING		R-C		
		HAL066011	B. WIIVO		11/1	9/2015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RICH SQUARE MANOR  400 N MAIN STREET  RICH SQUARE, NC 27869						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 2	{C 164}			
		Bath Adjacent to Room #8 damaged above the all.				
	8. Living Area a. The carpet is					
	<ul><li>a. The flooring the cabinet and</li></ul>	e Manager's Office wall base is missing at another section of the ng from the wall.				
	<ul> <li>a. The wall at the caused by the refixture.</li> </ul>	tion Med Closet ne sink has damage emoval of a wall mounted s stained at the HVAC				
	12. Staff Loung b. The ceiling is air register.	e s stained around the supply				
	13. Dining Roon are marred and	m - The walls and doors scuffed.				

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